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More than a pint of solution disturbs the intestine, so that the water is not as readily absorbed; this dilatation overtaxes the entire alimentary canal, causing a reflex action and depressing the heart. There is just one condition of which I know where a quart of solution is required, and that is when a nurse first reaches a patient, and he has not been drinking water and will absorb a quart of any kind of an enema, and a pint every one-half hour can be given after.

We all know that the normal saline solution given high, per enema, is a heart stimulant.

A high saline enema given hot and repeated not oftener than one-half hour is one of the best diuretics. An extra teaspoon of salt for this purpose causes thirst and the patient desires more water. If extra salt is added for this purpose it must be carefully done, as it is such a good stimulant to the intestines that they can be overstimulated.

A high saline enema given twice a day is splendid for helping to eliminate the secretions and to establish a normal condition of the bowels.

A high enema of normal saline solution, one pint, not oftener than every one-half hour, will prevent the bowels from filling with gas while there is some gas formation, and keep them in a more comfortable condition.

In colitis or any diseased condition of the lower bowel, there is no better disinfectant or any solution more healing and soothing, than a normal saline solution given high, a pint twice a day.

In the case of a woman who had no disease and imagined that all nourishment disagreed with her, who had taken almost no nourishment, and had been in bed two months, the doctor ordered to be given her two quarts liquid nourishment, two quarts water, and a high saline enema,—one pint, 8 A.M., 12 M., and 6 P.M. As the food, to which she was unaccustomed, generated gas, the enema relieved her of the gas and gently stimulated the intestine. She slept all night, and in six days was sitting in a chair.

For an extreme tympanitic condition, a flatus enema of 1 pint water, 1 tablespoon salt, 1½ tablespoons soda, 1 teaspoon spirits turpentine is effectual.

A purgative enema for use in extreme cases is 1 pint water, 1 tablespoon salt, 1½ tablespoons soda bicarb., 1 tablespoon glycerin, 1 teaspoon spirits turpentine.

As nurses we need to do thorough thinking, that we may use the most natural and simple curative means for our patients, these always giving the most thorough and complete recovery.

EDITH C. HUNTINGTON.

Tennessee.

HOME STERILIZATION

I.

DEAR EDITOR: In answer to A. M. L.'s letter in the June JOURNAL, I would tell her how I do my sterilizing for obstetrical cases. I use a clean wash boiler, put about five inches depth of water in it, let it boil; then to sterilize the packages, lay a clean towel on a table, pile the bundles on it, across the narrow width, lay the lid of the boiler on, and pull the ends tight and pin over the lid. It makes a good sling, and unless there are a great many bundles, it will not come near the water. I let them steam for half an hour. Basins and instruments can be put right in the water, after wrapping in cloths. If there is any easier way to sterilize, I hope some one will tell us.

I have done little other than private duty nursing for twelve years, and rarely run across other nurses, so learn a great deal from reading my JOURNAL. Hoping that its life may be a long one, and that in reality the American Nurses' Association will own it entirely.

H. W. G.

District of Columbia.

II.

DEAR EDITOR: In answer to A. M. L.'s letter in the June number about sterilization for operations in private homes, I will give my method (which most likely many others use, too), which is as follows: Put water to the depth of six inches in the family wash boiler, adding three ounces lysol. Then take a piece of cotton, a flour sack will do, and tie over the top of the boiler by means of a string under the rim. Push the cloth down, making a hammock deep enough to hold all the dressings, sponges, towels, sheets, gowns, etc., to be used. Put on the cover and let it steam two hours. If the hammock does not hold all, one may have to sterilize twice. Have a clean bread pan into which a sterilized cloth is first spread, then pick out of the hammock (with dressing forceps, or, if none is at hand, two forks may be used) all the sterilized goods, which of course are wet. Spread another cloth over, and place in the oven till dry, about two hours. While the goods are sterilizing, sterilize gallon jars or some other suitable receptacles, one for each kind of the articles sterilized, into which the goods are placed when dry. I sometimes make muslin bags into which I put the goods before sterilizing, a bag or more for each kind, as the bags are easier to handle than each separate article. I have used the above method for many operations, laparotomies and others, and there has never been a single wound infection. Of course every nurse knows that forks or dressing forceps and hands must be sterilized before coming in contact with the sterile goods.

M. T. M. tells of having had two patients with deep fissured nipples. I have just finished a case where one nipple was retracted and the more the baby pulled, the more it retracted, and not a drop of milk came except with the milk pump. The other nipple was very short and the baby almost chewed it off trying to get hold, so the breast pump had to be used on both breasts and the baby fed the milk with a spoon. The baby was disgusted and the mother all tired out and asked to have the breasts dried up and the baby put on the bottle, to which the doctor finally consented. As a last resort I went and got a nipple at the country store which happened to be the "Mizpah" nipple. I placed it over the mother's nipple, and the baby took it without trouble. As soon as the baby starts pulling the nipple fastens to the breast and won't come off even after the baby is taken away until it is pulled off. It worked like a charm. The baby grunted with satisfaction and the mother was happier than at any time since the baby came, as she felt no pain and the milk flowed freely.

I do not think any other nipple would do, as it has a valve on the side which causes it to work so beautifully.

M. J.

Wisconsin.

TALKS TO SCHOOL CHILDREN

DEAR EDITOR: As a graduate nurse engaged in district visiting nursing, I am writing to ask you if you can offer any suggestions through the AMERICAN JOURNAL OF NURSING which will help me to outline a schedule for lecturing to, or rather talking to, the different grades of school children in our public school